



COURSE CHANGE REQUEST – ADD/DROP FORM

This section *must* be completed by student prior to signatures:

Student Name: _____ ID#: _____

Class of: _____ Today's Date: _____

All Fields Required (please include CLNS # and Course Dates)

ADD

Course Name: _____

Course Number: CLNS: _____ Course Dates: _____ to _____

Dept. Signature: _____ Date: _____

For OMSA use only: CRN: _____ DB: _____ INB: _____

All Fields Required (please include CLNS # and Course Dates)

DROP

Course Name: _____

Course Number: CLNS: _____ Course Dates: _____ to _____

Dept. Signature: _____ Date: _____

For OMSA use only: CRN: _____ DB: _____ INB: _____